

Rhode Island Department of Health

Health Policy Briefs

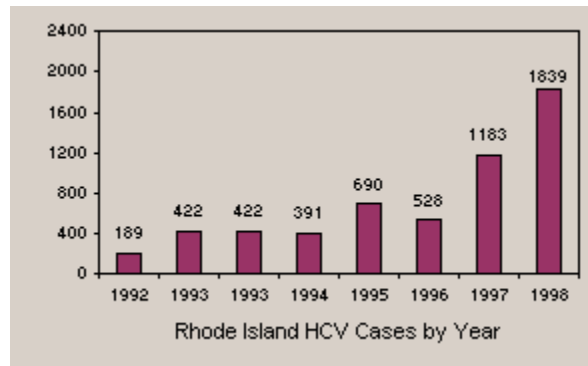
Rhode Island must continue the fight against the Hepatitis-C epidemic.

April, 1999

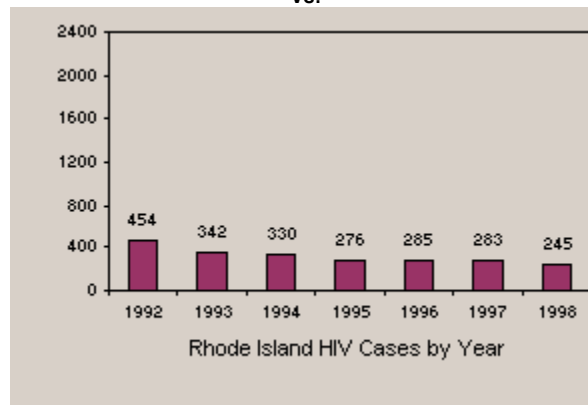
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Hepatitis-C virus (HCV) infection is the most common chronic blood-borne infection in the United States.

HCV is found in the blood of infected people and is transmitted to others who come in contact with contaminated blood, such as blood product recipients, infants born to infected mothers, health care providers, intravenous drug users who share works, persons who have multiple sex partners and men who have sex with men.



Vs:



PROJECTED 30 YEAR DISEASE BURDEN

Rhode Island
Population
987,429



1.8% Hepatitis C
Infected
16,786 people



60-70% Asymptomatic 10,910 people	20-30% Jaundice 4,196 people	10-20% Nonspecific symptoms 2,517 people
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15-20%
Resolution,
virus free
2,937 people

80-85%
Chronic
Infection
13,848 people



30-40%
Asymptomatic
4,846 people

60-70%
Liver Disease
9,000 people



10-20%

1-5%

Cirrhosis
1,350 people

Hepatocellular
carcinoma
270 people



1-4%
Hepatocellular
carcinoma
40 people

PROJECTED 30 YEAR DISEASE BURDEN

Estimated annual cost of HCV disease in RI = \$2.4 million.

HCV is preventable and selected cases are cured by appropriate drug treatment.

R. I. needs additional resources to control the HCV epidemic.

- R.I. needs to sustain surveillance activities to identify new cases, to determine trends in disease burden, and to determine local risk factors for transmission. Surveillance data are used to target prevention programs and to evaluate the effectiveness of our control measures.
 - R.I. needs to develop statewide, community-based prevention programs, to include prevention education, counseling, and harm reduction activities, all targeting those individuals at highest risk for HCV infection. These programs should be integrated with existing programs designed to control HIV, sexually transmitted diseases, and substance abuse.
 - R.I. needs to develop statewide education programs to keep the public and professionals fully informed about HCV infection, its causes, and effective control measures, using effective channels of communication.
 - R.I. needs to develop capacity for the diagnosis and treatment of HCV infection which is accessible to all persons. Many organizations, public and private, will have to work together to achieve this goal. A partial list of essential organizations includes the Department of Health, the Department of Mental Health, Retardation, and Hospitals, the Department of Corrections, public and private hospitals, health care providers, pharmacies, laboratories, and insurance providers.
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Progress thus far:

- Staff from agencies serving people at high risk of HCV infection have received training in the medical, epidemiologic and public health implications of HCV, and in the communication of HCV control messages.
 - An HCV surveillance system was developed by the Department of Health to study the causes and distribution of HCV infection in the RI population, and to evaluate programs designed to control the disease.
 - The Department of Health is appointing a liaison to work with agencies serving people at high risk of HCV infection.
 - The Department of Health surveyed physicians who treat HCV, and developed a referral network to obtain compassionate care for the uninsured.
 - The Department of Health mailed guidelines for screening and treatment of HCV to all primary care physicians in the State.
 - Several medically-oriented training programs including a satellite video-conference by the Centers for Disease Control and Prevention have been held in the State.
 - The Department of Health has ordered public education materials (pamphlets and brochures) for use by health care providers and other service providers in the Rhode Island community, and is stockpiling material resources to be used in harm reduction activities.
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Contact:

Office of Communicable Diseases at the Rhode Island Department of Health,
401-222-2577; Or visit our web-site at www.health.ri.gov